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CONFIRMATION NO. 6240

<b>SERIAL NUMBER</b> 09/724,097	<b>FILING OR 371(c) DATE</b> 11/28/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2164	<b>ATTORNEY DOCKET NO.</b> 14689.3.1
<b>APPLICANTS</b> Wayne A. Provost, Salt Lake City, UT; Vaughn C. Cecil, Crossville, TN; John W. Kwant, Jr., Midvale, UT; Brian E. Peterson, Salt Lake City, UT;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/204,886 12/03/1998 PAT 6,341,265 <i>SL YES</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>SL NO</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/02/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>SL</i> Verified and Acknowledged		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 35
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 022913				
<b>TITLE</b> Interactive creation and adjudication of health care insurance claims				
<b>FILING FEE RECEIVED</b> 570	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	